

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. REGISTRATION NO.
35-R-0001

CUSTOMER NO.
616

FORM APPROVED
OMB NO. 0579-0036

**ANNUAL REPORT OF RESEARCH FACILITY
(TYPE OR PRINT)**

2. HEADQUARTERS RESEARCH FACILITY (Name and Address, as registered with USDA, include Zip Code)

UNIVERSITY OF WISCONSIN-MADISON

(b)(6), (b)(7)(c)
1710 UNIVERSITY AVENUE 396 ENZYME INST
MADISON, WI 53726-4087

3. REPORTING FACILITY (List all locations where animals were housed or used in actual research, testing, teaching, or experimentation, or held for these purposes. Attach additional sheets if necessary.)

FACILITY LOCATIONS (sites)

(b)(2), (b)(7)(f)		

REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY (Attach additional sheets if necessary or use APHIS FORM 7023A)					
A.	B. Number of animals being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not yet used for such purposes.	C. Number of animals upon which teaching, research, experiments, or tests were conducted involving no pain, distress, or use of pain-relieving drugs.	D. Number of animals upon which experiments, teaching, research, surgery, or tests were conducted involving accompanying pain or distress to the animals and for which appropriate anesthetic, analgesic, or tranquilizing drugs would have adversely affected the procedures, results, or interpretation of the teaching, research, experiments, surgery, or tests. (An explanation of the procedures producing pain or distress in these animals and the reasons such drugs were not used must be attached to this report)	E. Number of animals upon which teaching, experiments, research, surgery or tests were conducted involving accompanying pain or distress to the animals and for which the use of appropriate anesthetic, analgesic, or tranquilizing drugs would have adversely affected the procedures, results, or interpretation of the teaching, research, experiments, surgery, or tests. (An explanation of the procedures producing pain or distress in these animals and the reasons such drugs were not used must be attached to this report)	F. TOTAL NO. OF ANIMALS (Cols. C + D + E)
4. Dogs	18	431	330		761
5. Cats	6	41	12		53
6. Guinea Pigs		6			6
7. Hamsters	73	1747	79		1826
8. Rabbits	3	8	53		61
9. Non-Human Primates	710	1357	494		1851
10. Sheep	51	53	85		138
11. Pigs	8	189	210		399
12. Other Farm Animals					
Horses		1	10		11
13. Other Animals					
Raccoons		4			4
Wolves			3		3
Bears			12		12

ASSURANCE STATEMENTS

- 1) Professionally acceptable standards governing the care, treatment, and use of animals, including appropriate use of anesthetic, analgesic, and tranquilizing drugs, prior to, during, and following actual research, teaching, testing, surgery, or experimentation were followed by this research facility.
- 2) Each principal investigator has considered alternatives to painful procedures.
- 3) This facility is adhering to the standards and regulations under the Act, and it has required that exceptions to the standards and regulations be specified and explained by the principal investigator and approved by the Institutional Animal Care and Use Committee (IACUC). **A summary of all the exceptions is attached to this annual report.** In addition to identifying the IACUC-approved exceptions, this summary includes a brief explanation of the exceptions, as well as the species and number of animals affected.
- 4) The attending veterinarian for this research facility has appropriate authority to ensure the provision of adequate veterinary care and to oversee the adequacy of other aspects of animal care and use.

**CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL
(Chief Executive Officer or Legally Responsible Institutional Official)**

I certify that the above is true, correct, and complete (7 U.S.C. Section 2143)

SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL	NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL (Type or Print)	DATE SIGNED
(b)(6), (b)(7)(c)	(b)(6), (b)(7)(c)	11/27/2006

This report is required by law (7 USC 2143). Failure to report according to the regulations can result in an order to cease and desist and to be subject to penalties as provided for in Section 2150.

See reverse side for
additional information.

Interagency Report Control No
0180-DOA-AN

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ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. REGISTRATION NO. **CUSTOMER NO.**
35-R-0001 616

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**CONTINUATION SHEET FOR ANNUAL REPORT
OF RESEARCH FACILITY**
(TYPE OR PRINT)

2. HEADQUARTERS RESEARCH FACILITY (Name and Address, as registered with USDA,
include Zip Code) **UNIVERSITY OF WISCONSIN-MADISON**
(b)(6), (b)(7)(c) **1710 UNIVERSITY AVENUE 396 ENZYME INST
MADISON, WI 53726-4087**

REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY (Attach additional sheets if necessary or use this form.)

ASSURANCE STATEMENTS

- 1) Professionally acceptable standards governing the care, treatment, and use of animals, including appropriate use of anesthetic, analgesic, and tranquilizing drugs, prior to, during, and following actual research, teaching, testing, surgery, or experimentation were followed by this research facility.
- 2) Each principal investigator has considered alternatives to painful procedures.
- 3) This facility is adhering to the standards and regulations under the Act, and it has required that exceptions to the standards and regulations be specified and explained by the principal investigator and approved by the Institutional Animal Care and Use Committee (IACUC). **A summary of all the exceptions is attached to this annual report.** In addition to identifying the IACUC-approved exceptions, this summary includes a brief explanation of the exceptions, as well as the species and number of animals affected.
- 4) The attending veterinarian for this research facility has appropriate authority to ensure the provision of adequate veterinary care and to oversee the adequacy of other aspects of animal care and use.

**CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL
(Chief Executive Officer or Legally Responsible Institutional official)**

Please initial the above if true, correct, and complete (U.S.C. Section 2143)

SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL (b)(6), (b)(7)(c)	NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL (Type or Print) (b)(6), (b)(7)(c)	DATE SIGNED 11/27/2006
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APHIS Form 7023 Additional Reported Sites

The following additional sites have been reported by the facility. The reported sites have not been verified by APHIS and have been provided by the facility solely for completeness of the APHIS Form 7023 Annual Reporting submission.

Registration Number: 35-R-0001

Customer Number: 616

Facility: UNIVERSITY OF WISCONSIN-MADISON

(b)(6), (b)(7)(c)

1710 UNIVERSITY AVENUE 396 ENZYME INST

MADISON, WI 53726-4087

(b)(2), (b)(7)(f)



(b)(2), (b)(7)(f)

